

Florida International University  
Division of Graduate Studies

**FORMAL GRADUATE GRIEVANCE FORM**

**This section to be completed by student**

STUDENT NAME: _____ S.S.# _____	
MAILING ADDRESS: City: _____	State: _____ Zip _____
DAY PHONE NUMBER:(     ) _____	EVENING PHONE NUMBER:(     ) _____
COLLEGE: _____	ACADEMIC DEPT.: _____
MAJOR: _____	DATE OF INITIAL INFORMAL GRIEVANCE: _____

*The signatures below indicate that the informal process has occurred without satisfactory resolution.*

_____ Student
_____ Chairperson
_____ Dean or designee

**MUST BE COMPLETED BY STUDENT**

<b>PLEASE DESCRIBE YOUR GRIEVANCE.</b> <i>Attach any additional information that you consider pertinent to your case .</i>

*Division Notifications Indicating Receipt of Grievance and date of grievance*

CERTIFIED LETTER SENT TO STUDENT: _____	Date: _____
CERTIFIED LETTER SENT TO PROFESSOR: _____	Date: _____
Date of Notification of Grievance Hearing:     Student _____	Professor _____

**RECOMMENDATION OF THE GRIEVANCE COMMITTEE:**

_____ Supports grievance     _____ Does not support grievance
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COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Chairperson \_\_\_\_\_  
Signature \_\_\_\_\_

GRIEVANCE MEMBERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION BY THE DEAN OF GRADUATE STUDIES :**  
\_\_\_\_\_ Supports Committee Recommendation      \_\_\_\_\_ Does not Support Committee Recommendation  
Signature of Dean \_\_\_\_\_

COMMENTS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPEAL TO THE PROVOST:      Yes \_\_\_\_\_ No \_\_\_\_\_

FINAL DISPOSITION BY PROVOST:  
Supports Dean's Recommendation: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date final disposition sent to student \_\_\_\_\_ and professor: \_\_\_\_\_

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